Effective October 1, 2003								124000						
		CLAIMS AS	1	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY							
TOTAL CLAIMS			19					RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE			
10	TAL CHARGEA	BLE CLAIMS	19 min	us 20=	· O			X\$ 9=	0	OR	X\$18=			
IND	EPENDENT CL	AIMS	2	nus 3 =	* C	0 -		X43=	Ö	OR		-		
K	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT .					+145=	0			<u> </u>		
• If	the difference	in column 1 is	less than ze	ro, enter "0" in column 2			•	TOTAL	385	OR	<u> </u>	2:21		
CLAIMS AS AMENDED - PART II									OTHER THAN					
		(Column 1)		(Colun		(Column 3).		SMALL	ENTITY	OR	SMALL			
AMENDMENT A	4-21-05	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	TIONAL	RATE	ADDI- TIONAL FEE		
	Total	. 9	Minus	*2	0	=	ŀ	X\$ 9=		OR	X\$18=	•		
	Independent Minus +++ S			<u> </u>	- <u> </u>		X43=		OR	X86=				
ليلا	THE PRESENTATION OF MOLTIFLE DEFENDENT COAIM						J	+145=		OR	+290=			
		·	•			•		TOTAL ADDIT. FEE	₹	OR	TOTAL ADDIT, FEE	•		
	•	(Column 1)		(Colum	nn 2)	(Column 3)								
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE		
	Total	•	Minus	dd	<u> </u>	£ .		X\$ 9=		OR	X\$18=			
	Independent	AITATION OF MI	Minus	ENDENT	CLAM	- [-]		X43=	,	OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+290=			
										OR	TOTAL ADDIT. FEE			
	. • •	(Column 1)		(Colun	nn 2)	(Column 3)			٠.	-				
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	##	İ	=		X\$ 9=		OR	X\$18=	1 - 2 - 3		
	Independent	* '	Mirius _.	***		20]	X43=			X86=	- · ·		
ď.	FIRST PRESE	NTATION OF MI	ILTIPLE DEP	DEPENDENT CLAIM			!			OR		·····		
		# \$_ # #			****			+145=		OR	+290=			
· •• [the "Highest Nur	mn 1 is less than the mber Previously Pa	ld for IN THIS	SPACE &	less than	120, enter "20."	۔ A ز	TOTAL DOIT. FEE		OR,	TOTAL ODIT. FEE			
		mber Previously Pa					-		copriate box	in col	imp 1	ا		

FORM PTO-875 (Rev. 10/03)

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Application or Docket Number